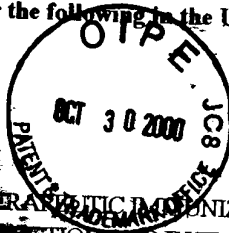


EXHIBIT D

Receipt is hereby acknowledged for the following in the U.S. Patent and Trademark Office:

Applicant(s): TARLETON
Serial No.: 09/518,156
Filed: 2 March 2000



Title: PROPHYLACTIC AND THERAPEUTIC IMMUNIZATION
AGAINST PROTOZOAN INFECTION AND DISEASE

Enclosed: A Supplemental Information Disclosure Statement (2 pgs); 1449
form (1 pg); copies of 5 cited documents; and transmittal document (in
triplicate).

Mailed: October 27, 2000
Docket: 235.0020 0101

VAS/lmg/klf

COPY



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

1645
RECEIVED

JAN 07 2002

Applicant(s): Tarleton et al.

Group Art Unit: 1645

Serial No.: 09/518,156

Examiner: I. Fields

Confirmation No.: Unknown

TECH CENTER 1600/290

Docket No.: 235.0020 0101

Filed: March 2, 2000

Title: PROPHYLACTIC AND THERAPEUTIC IMMUNIZATION AGAINST PROTOZOAN INFECTION AND DISEASE

Assistant Commissioner for Patents
Washington, D.C. 20231

We are transmitting the following documents along with this Transmittal Sheet (which is submitted in triplicate):

- ☒ **Small entity status is entitled to be asserted in the above-identified application.**
- ☒ An itemized return postcard.
- ☐ A Petition for Extension of Time for __ month(s) and a check in the amount of \$__ for the required fee.
- ☐ An Information Disclosure Statement (__ pgs); copies of __ applications; 1449 forms (__ pgs); and copies of __ documents cited on the 1449 forms.
- ☐ A check in the amount of \$__, representing __.
- ☐ A certified copy of a __ application, Serial No. __, filed ____, the right of priority of which is claimed under 35 U.S.C. §119.
- ☒ Other: Response Under 37 C.F.R. § 1.111 (24 pgs, including Exhibit A (13 pgs), Exhibit B (1 pg), Exhibit C (3 pgs) and Exhibit D (1 pg)).
- ☐ Amendment ☐ No Additional fee is required. ☐ The fee has been calculated as shown:

Fee Calculation for Claims Pending After Amendment					
	Pending Claims after Amendment (1)	Claims Paid for Earlier (2)	Number of Additional Claims (3)	Cost per Additional Claim	Additional Fee Required
Total Claims				x \$9 =	
Independent Claims				x \$42 =	
One or More New Multiple Dependent Claims Presented? If Yes, Add \$140 Here →					
Total Additional Claim Fees Required					

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers and please charge any additional fees or credit overpayment to Deposit Account No. 13-4895. Triplicate copies of this sheet are enclosed.

CERTIFICATE UNDER 37 C.F.R. §1.8: The undersigned hereby certifies that this Transmittal Letter and the paper(s), as described hereinabove, are being deposited in the United States Postal Service, as first class mail, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on this 12th day of November, 2001.

MUETING, RAASCH & GEBHARDT, P.A.

Customer Number: 26813

By:

Name: Victoria A. Sandberg
Reg. No.: 41,287
Direct Dial: 612-305-1226
Facsimile: 612-305-1228



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JAN 07 2002

TECH CENTER 1600/290

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Tarleton et al.

Group Art Unit: 1645

Serial No.: 09/518,156

Examiner: I. Fields

Confirmation No.: Unknown

Docket No.: 235.0020 0101

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	Pending Claims After Amendment	Claims Pending Before Amendment	Number of Additional Claims	Overpayment Amount	Additional Fee Owed
Initial Filing				x \$9=	
Subsequent Filing				x \$42=	
Total Additional Fees Required					

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MUETING, RAASCH & GEBHARDT, P.A.
Customer Number: 26813By: Victoria A. Sandberg
Name: Victoria A. Sandberg
Reg. No.: 41,287
Direct Dial: 612-305-1226
Facsimile: 612-305-1228



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

JAN 07 2002

TECH CENTER 1600/2900

Applicant(s): Tarleton et al.

Group Art Unit: 1645

Serial No.: 09/518,156

Examiner: I. Fields

Confirmation No.: Unknown

Docket No.: 235.0020 0101

Filed: March 2, 2000

Title: PROPHYLACTIC AND THERAPEUTIC IMMUNIZATION AGAINST PROTOZOAN INFECTION AND DISEASE

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☐ Amendment ☐ No Additional fee is required. ☐ The fee has been calculated as shown:

Fee Calculation for Claims Pending After Amendment					
	Pending Claims After Amendment	Claims Transferred	Number of Additional Claims	Fee per Additional Claim	Additional Fee Required
Initial Filing				x \$9 =	
Subsequent Filing				x \$42 =	
Total Fee for Additional Claims					
Total Fee for Additional Claims Required					

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